

**AFFIDAVIT OF COMPLIANCE  
WITH WISCONSIN STATUTE 103.503  
SUBSTANCE ABUSE PREVENTION REQUIREMENTS**

STATE OF \_\_\_\_\_ ) PROJECT NAME \_\_\_\_\_  
 ) ss.  
\_\_\_\_\_ COUNTY) DPW Contract No. \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn state that:  
(Print name)

1. I am the \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_.  
(Title) (Company Name) (State)  
Corporation, partnership, or individual of \_\_\_\_\_,  
(City, Village, Township) (State)

and make this affidavit pursuant to the provisions of Wis. Stat. § 103.503.

2. I have entered into City of Milwaukee, Department of Public Works' Contract No. \_\_\_\_\_, to which the provisions of Wis. Stat. 66.0903 apply.

3. I have in place a substance abuse prevention program that meets the requirements of Wis. Stat. 103.503, and I will fully comply in all respects with the requirements of Wis. Stat. 103.503 during the performance of this Contract.

4. I will include in each subcontract covering work performed under this Contract to which the provisions of Wis. Stat. 66.0903 apply, a provision similar to that in Paragraph 3 above, together with a clause requiring such insertion in further subcontracts that may in turn be made.

<u>Title</u>	<u>Officer Name</u>	<u>Address</u>
<u>President</u>	_____	_____
<u>Vice President</u>	_____	_____
<u>Secretary/Treasurer</u>	_____	_____

Subscribed and sworn before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Contractor Signature

Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

1121-2004-1516/96897